

Request for Administrative License Suspension Hearing

TODAY'S DATE: _____

MY NAME IS: _____

DATE OF BIRTH: _____
month day year

SSN (optional) _____

ADDRESS _____

Street City/Town Zip Code

Mailing Address (if Different)

I REQUEST A HEARING FOR THE FOLLOWING REASON (S):

In reference to my Administrative License Suspension and pursuant to RSA 265:91-b, (a – f).

1. I do request (_____) do not request (_____) that the arresting trooper/officer be present at the hearing.
2. I do request (_____) do not request (_____) that the person conducting the alcohol test be present at the hearing.
3. I do request (_____) do not request (_____) that the Scientist (as applicable) be present at the hearing.
4. I shall notify the Trooper/Officer of my request immediately and understand a hearing shall be scheduled within twenty days of this request being received. The hearing will be scheduled as quickly as possible in the location where the arrest took place unless it cannot be listed within the time frame of 20 days and would then be scheduled in Concord.
5. I do request (_____) a waiver of the 20 days and ask the hearing be scheduled as soon as possible in the location closest to where the arrest took place.

MY SIGNATURE:  _____

Mail this to:

Director of Motor Vehicles
Attn: Bureau of Hearings
10 Hazen Drive, Concord, New Hampshire 03305

Please do not write below this line